

LASSEN COUNTY SUPERIOR COURT

TEEN COURT COMMISSIONER APPLICATION

NAME: ____ AGE: _____ DOB: ____ SCHOOL: MAILING ADDRESS: CITY: _____ STATE: ____ ZIP:

BOARD OF DIRECTORS:

PRESIDING JUDGE OF THE SUPERIOR COURT HON. MICHELE VERDEROSA

LASSEN COUNTY DISTRICT ATTORNEY STACEY MONTGOMERY

LASSEN COUNTY CHIEF PROBATION OFFICER JENNIFER BRANNING

LASSEN COUNTY SHERIFF DEAN GROWDON

SUSANVILLE CHIEF OF POLICE TOM DOWNING

ADVISORY BOARD:

THE LASSEN COUNTY JUVENILE JUSTICE COMMISSION

TEEN COURT COORDINATOR:

CHRISTOPHER VOSE 2610 RIVERSIDE DRIVE SUSANVILLE, CA 96130 (530) 257-8830 CVOSE@LASSENCOURT.CA.GOV

| HOME PHONE NUMBER: () | |
|---|--------------------------|
| CELL PHONE NUMBER: () | |
| EMAIL ADDRESS: | |
| TEEN COURT POLO SHIRT SIZE: | |
| PARENT/GUARDIAN NAME: | |
| VOLUNTEER AGREE | EMENT |
| I will take my Teen Court Commissioner res- will maintain confidentiality regarding all Te understand that if I neglect my responsibility confidentiality, I may be removed from serving program. | een Court proceedings. I |
| Volunteer Signature | Date |
| I am allowing my daughter/son to participat Commissioner. | e as a Teen Court |
| Parent/Guardian Signature | Date |
| Please return completed application to: | |